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(Signata

				(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/504 519	09/28/2006	Vanumana Vurita	206036T193DCT	1910

TITLE OF INVENTION: GAS CENERATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/04/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HAYES, BRET C		3641	102-530000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363). Change of correspondence address (or Change of Correspondence Address form PTOSIP 2122) attached. These Address's indication of "Fee Address" Indication form PTOSIB47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 McClell	1 Oblon, Spivak, 2 McClelland, Maier 3 & Neustadt, P.C.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

NIPPON KAYAKU KABUSHIKI KAISHA

Tokvo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🔯 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☑ Issue Fee A check is enclosed.

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Authorized Signature Date James H. Knebe Registration No. 22 630 Typed or printed for Registration No.

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